## **January Training Registration Form**

PLEASE SUBMIT FORM TO THE OFFICE OF THE SECRETARY OF THE STATE: ROLLING REGISTRATION THROUGH MONDAY, JANUARY  $7^{\rm TH}$ .

TOWN: SOTS VILLE	
NAMES of REGISTRARS: Amy Aureli and Knist	ina Pink
OFFICE PHONE: (860) 509-6280 ALTERNATE	PHONE: (860) 509-6114
FAX NUMBER: (860) 509- (0127	
Classes will be filled an a first cause first cause basis. Desigte	ation is not assumble and illustration
Classes will be filled on a first come, first serve basis. Registration is not complete until you receive confirmation for a class. Training will be confirmed via fax within 48 hours upon receipt.	
PLEASE SEE THE ATTACHED CALENDAR FOR TRAINING DATES AND TIMES.	
PLEASE PRINT NAME and TITLE:	CLASS DATE, LOCATION, and TIME:
Travis Smith, Assistant Registras	01/07 - Newtown (1-4)
Amanda Greene, Moderator	01/16-Montrile (9-12)
Kenn Johnson, Assistant Moderator	01/19-Southington (9-5)
Stephanie White, pollworker	01/aa - Somers (9-5)
PLEASE NOTE: Classes must have a minimum of 5 attendees regist this minimum is not met the class will be cancereschedule. Thank you.	stered in order to proceed with the session.

FAX to (860) 509-6127 or (860) 509-6230 ATTN: Kristina Pink ostraining.sots@po.state.ct.us